

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

APPLICATION INFORMATION FORM

ATTENTION

IMPORTANT INFORMATION PLEASE READ

Enclosed is the application packet you recently requested from the Wisconsin Department of Regulation and Licensing.

To avoid any unnecessary errors, take a moment to review the entire application packet before you begin to complete your application.

We will mail you a check sheet within 10-15 working days after receipt of your application in this office. The check sheet will include an identification number that allows you to check the status of your application by calling the **Interactive Voice Response System, (608) 261-7925**. The Interactive Voice Response System will inform you of any requirements not met. You may also check the status of your application on our web-site: <http://www.drl.state.wi.us>. Look under "Applicant Services."

It is your obligation as an applicant to see that the items listed as "Is Required" are forwarded to the Department of Regulation and Licensing. The Department will not contact other agencies or jurisdictions for information/documents to complete your application. We will update check sheets within 3-5 working days of receipt of documents. An application is not considered complete until we receive all the required documents and fees.

Once your application is complete, check the department's web-site: <http://www.drl.state.wi.us>. Look under "Business/Professional License Lookup" for your official credential number and grant date.

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MEDICAL EXAMINING BOARD

PERFUSIONIST LICENSURE INFORMATION

WISCONSIN ACT 89

Wisconsin Act 89 which was enacted April 18, 2002 and published May 2, 2002 authorizes the Medical Examining Board to license perfusionists in the State of Wisconsin.

This act requires all individuals who practice perfusion to be licensed in the State of Wisconsin.

The Board is, therefore, sending you the enclosed application packet for you to complete and return in order for you to become licensed as a perfusionist in the State of Wisconsin.

IMPORTANT NOTICE

Before you begin to complete the formal application form for licensure as a perfusionist in the State of Wisconsin; please be advised that there are two ways that you may apply:

GRANDFATHERING APPLICANT

If you have been practicing as a perfusionist for all of the 10-year period prior to May 2, 2002 and can submit evidence satisfactory to the board, you may apply under this Section. This Section of the law expires January 1, 2004.

ABCP AND STATE LAW APPLICANT

If you have not been practicing for this 10-year period but have taken and passed your American Board of Cardiovascular Perfusion Certification Examination, you would apply under this Section and you would be required to take and pass an open-book examination on the Statutes and Rules in Wisconsin in addition to submitting proof of having passed your American Boards. The open-book examination will be mailed to you upon receipt of your application.

Renewal of License

All licenses issued between now and November 1, 2003 will automatically expire on November 1, 2003 and will have to be renewed for the next 2 years. A renewal notice will be sent to you for renewal purposes prior to that time.

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MEDICAL EXAMINING BOARD

APPLICATION FOR Licensure TO PRACTICE AS A PERFUSIONIST

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK ☐ Your name and address are available to the public.
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
-----------	------------	----	-------------------------

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth	Daytime Telephone Number
____ month ____ day ____ year	(____) ____ - ____

Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

*If you are applying through Grandfathering (not applicable)

School Name: _____

School Address: _____
(City) (State)

Date Degree Granted: _____
month/day/year

Degree: _____

APPLICATION FEES (Please check applicable blank):

Make check payable to Department of Regulation and Licensing and attach to application.

____ Grandfathering
\$ 53.00 Initial Credentialing Fee

____ ABCP & State Law
\$ 53.00 Initial Credential Fee
\$ 57.00 State Law Exam
\$ 110.00 Total Fee Attached

____ Request for a Temporary License (exam candidate only)
\$ 10.00 Is required in addition to the above fee (non-refundable)

____ Locum Tenens
\$ 10.00 Temporary Fee
\$ 57.00 State Law Exam
\$ 67.00 Total Fee Attached

For Receipting Use Only

Wisconsin Department of Regulation & Licensing

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Copy of professional diploma and translation
if necessary.

Certificate of Professional Education
(Form #2564).

Fee(s) attached to this application.

American Board of Cardiovascular Perfusion
(must be sent directly from ABCP)

Letters from all State Boards where licensed
(includes active and inactive licenses).

Copies of malpractice suit(s).

IS NAME ON ALL CREDENTIALS THE SAME? IF NOT, SUBMIT CERTIFIED COPY OF MARRIAGE CERTIFICATE, DIVORCE DECREE, ETC.

PRACTICE: Account for all activities and practice from date of graduation to the present time. Must include professional and nonprofessional activities. ALL dates and time must be accounted for.

	<u>LOCATION</u> <u>EMPLOYER NAME, CITY & STATE</u>	<u>DATES (from - to)</u> <u>MO/YR</u>	<u>JOB TITLE</u> <u>& DUTIES</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

I AM CREDENTIALLED IN THE FOLLOWING STATES (UNLIMITED): _____

YOU ARE REQUIRED TO HAVE EACH STATE BOARD IN WHICH YOU HAVE EVER BEEN CREDENTIALLED SUBMIT LETTERS OF VERIFICATION TO THE WISCONSIN MEDICAL EXAMINING BOARD. THE LETTERS MUST INDICATE YOUR DATE OF BIRTH, CREDENTIAL NUMBER, DATE OF ISSUANCE, AND A STATEMENT REGARDING DISCIPLINARY ACTIONS. THESE LETTERS WILL BE REQUIRED IN ORDER TO COMPLETE YOUR APPLICATION FOR LICENSURE.

ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary)

	<u>YES</u>	<u>NO</u>
1. Are you familiar with the state health laws and rules and regulations of the Wisconsin Department of Health and Family Services regarding communicable diseases?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever surrendered, resigned, canceled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever failed to pass any state board examination, national board examination, or ABCP examination? If yes, give details on an attached sheet.	<input type="checkbox"/>	<input type="checkbox"/>
4. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/>	<input type="checkbox"/>

Wisconsin Department of Regulation & Licensing

- | | YES | NO |
|--|--------------------------|--------------------------|
| 5. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, penalty and a copy of the court documents. (Please do not give details on minor traffic convictions, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have your privileges ever been limited or removed? If yes, give details on an attached sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what states(s). | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under. | <input type="checkbox"/> | <input type="checkbox"/> |

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice perfusion" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned perfusion judgments and to learn and keep abreast of perfusion developments; and
2. The ability to communicate those judgments and perfusion information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform perfusion tasks such as examination and treatment procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years.**

Wisconsin Department of Regulation & Licensing

"Illegal use of controlled dangerous substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 13. Do you have a medical condition which in any way impairs or limits your ability to practice perfusion with reasonable skill and safety? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does your use of chemical substance(s) in any way impair or limit your ability to practice perfusion with reasonable skill and safety? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Are you currently engaged in the illegal use of controlled dangerous substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. If yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |

AFFIDAVIT OF APPLICANT

I, the above-named applicant, state that I am the person referred to in this application and that all the statements herein contained are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential or other disciplinary action. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Medical Examining Board or the Department of Regulation and Licensing will be cause for disciplinary action.

Applicant Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public

SEAL

State

My Commission Expires: _____

NOTE: This affidavit must be signed by the applicant in the presence of the notary public on the same date.

Wisconsin Department of Regulation & Licensing

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name Middle Initial Last Name

Profession

Date of Birth

month

day

year

- -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING BUREAU OF HEALTH PROFESSIONS

IMPORTANT INFORMATION

Applicants, recruiters and institutions and others involved in the placement of individuals who seek to be credentialed in the state of Wisconsin should understand that the credentialing process **may take anywhere from 30 to 60 days**, and that credentialing is not guaranteed to any applicant. Some factors that determine the length of time it may take to process an application depends on the length of time the applicant has been in practice, the total number of jurisdictions the applicant has been credentialed in and the length of time it takes for supporting documents to be received in the board office and reviewed.

The application consists of an all-inclusive packet with instructions and information on all applicable requirements. We attempt to process applications in a timely fashion. We cannot issue a credential until all the required documents have been received and reviewed in the board office. It is the Department's legislative mandate to provide consumer protection for Wisconsin residents.

The Bureau and the Board have been prevailed upon to waive requirements to expedite the process, only to discover legitimate grounds to deny a credential. This can present a serious problem for the applicant, recruiter or institutions if the applicant has relocated, purchased property, or made other commitments prior to the issuance of a Wisconsin credential. **We urge you not to make these moves until you know that your credential has been issued.**

Please "plan ahead" as we cannot speed up the credentialing process nor waive supporting documents even in emergency situations.

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MEDICAL EXAMINING BOARD

PERFUSIONIST LICENSURE INFORMATION

All applicants who are not eligible for grandfathering are required to pass the American Board of Cardiovascular Perfusion examination as well as an open book examination on Wisconsin Statutes and Administrative Code. Applicants **may** be required to complete an oral examination if he/she:

1. has a medical condition which in any way impairs or limits the applicant's ability to practice as a perfusionist with reasonable skill and safety;
2. uses chemical substances so as to impair in any way the applicant's ability to practice as a perfusionist with reasonable skill and safety;
3. have been diagnosed as suffering from pedophilia, exhibitionism or voyeurism;
4. has within the past 2 years engaged in the illegal use of controlled dangerous substances;
5. has been subject to adverse formal action during the course of perfusion education, postgraduate training, hospital practice, or other perfusion employment;
6. has been disciplined or had licensure denied by a licensing or regulatory authority in Wisconsin or another jurisdiction;
7. has been convicted of a crime the circumstances of which substantially relate to the practice of perfusion;
8. has not practiced perfusion for more than 1,200 hours during the last 3 years;
9. has practiced over 1,200 hours in the last 3 years but practice was limited;
10. has been found negligent in the practice of perfusion or has been a party in a lawsuit in which it was alleged that the applicant has been negligent in the practice of perfusion.

An applicant who meets any of the above criteria, #1-10 will be reviewed by the Perfusionist's Examining Council members. The Council shall determine whether the applicant is eligible for a regular license without completing an oral examination. If you should be selected for an oral examination there will be an additional fee of \$266.00.

All examinations shall be conducted in the English language. Where both written and oral examinations are required they shall be scored separately and the applicant is required to achieve a passing grade on both examinations to qualify for a license.

If you are selected to appear for an oral examination, you will be advised of the date upon completion of your application.

All Perfusionists licensed during this period will show an expiration date of October 31, 2003 and will be required to renew at that time.

GRANDFATHERING APPLICANTS:

Applicants must have been employed as a Perfusionist all of the 10 years immediately preceding May 2, 2002.

Wisconsin Department of Regulation & Licensing

LOCUM TENENS LICENSURE

Applicants for locum tenens licensure will need to submit the following:

Wisconsin Statutes & Rules Exam

Notarized photocopy of your current American Board of Cardiovascular Perfusion certification

Letter requesting your services from a licensed perfusionist in Wisconsin including the dates of employment

Application with supporting documents

TEMPORARY LICENSE

Applicants for temporary licensure will need to submit the following:

Wisconsin Statutes and Rules Exam

Fees For Both Permanent and Temporary

Application with supporting documents

Department of Regulation & Licensing

State of Wisconsin
(608) 261-7931

TTY# (608) 267-2416
TRS# 1-800-947-3529

hearing or speech
impaired only

P.O. Box 8935, Madison, WI 53708-8935

E-Mail: web@mail.state.wi.us

FAX #: (608) 261-7083

MEDICAL EXAMINING BOARD

PERFUSIONIST CERTIFICATE OF PROFESSIONAL EDUCATION

THIS FORM MUST BE COMPLETED BY YOUR PERFUSIONIST SCHOOL
AND RETURNED TO THE MEDICAL EXAMINING BOARD

APPLICANT - Please complete this section.	
NAME (First, Middle, Maiden, Last) _____	Social Security Number* ____-____-____
ADDRESS (City, State, Zip) _____	Date of Graduation ____/____/____
CERTIFYING SCHOOL - Please complete this section.	
NAME OF INSTITUTION _____	LOCATION OF INSTITUTION _____
DEGREE AWARDED _____	MAJOR _____
DATE DIPLOMA GRANTED _____	

Signature of Dean or Department Head

Date

SCHOOL SEAL

* For use in the school locating your records.

#2564 (9/02)
Ch. 448, Stats.

Committed to Equal Opportunity in Employment and Licensing

Wisconsin Department of Regulation & Licensing

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MEDICAL EXAMINING BOARD

REQUEST FOR TEMPORARY LICENSE FOR A PERFUSIONIST

NAME OF APPLICANT: (Please Print) _____
(Last, First, Middle)

☐ I am a graduate of a medical board approved perfusion school and I have applied to take the ABCP certification Part 1 and/or Part 2.

☐ I am a graduate of a medical board approved perfusion school. I have taken the ABCP certification exam Part 1 and/or Part 2 and awaiting results.

AFFIDAVIT OF SUPERVISING LICENSED PERFUSIONIST

I request that a temporary license to practice as a perfusionist in the State of Wisconsin be issued to _____, effective _____. I am aware that a temporary license to practice as a perfusionist under supervision is granted under Chapter MED 22. A temporary license to practice as a perfusionist under supervision shall be issued for a period not to exceed one year and may be renewed annually for not more than 5 years.

Signature and Title of Supervisor

Street Address

Print Name & Wisconsin Perfusionist License No.

City and State

Zip

Location of Practice

Date

Wisconsin Department of Regulation & Licensing

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MEDICAL EXAMINING BOARD

PERFUSIONIST WORK HISTORY

Information requested is required for processing.

COMPLETE WORK HISTORY. If you have never been employed, stop at box 7. Photocopy this form if additional space is required.

1. NAME/LAST _____ FIRST _____ MI _____		2. DATE OF BIRTH ____ / ____ / ____	3. SOCIAL SECURITY NUMBER ____ - ____ - ____
4. ADDRESS (Street, City, State, Zip Code) _____			
5. MAIDEN OR GIVEN SURNAME _____		6. CHECK HERE IF YOU HAVE NEVER BEEN EMPLOYED: _____	7. DATE FORM COMPLETED: _____
8. RECORD WORK HISTORY CHRONOLOGICALLY - Complete Work History beginning with present employment and concluding with graduation. You must account for the entire time period including periods of unemployment and volunteer work, etc.			
A. NAME OF BUSINESS INSTITUTION: _____		JOB TITLE: _____	
ADDRESS: (Street, City, State, Zip Code) _____		DESCRIPTION OF DUTIES PERFORMED: _____	
SUPERVISOR NAME: _____			
DATE OF EMPLOYMENT/ ATTENDANCE: From: ____ / ____ / ____ Month Day Year To: ____ / ____ / ____ Month Day Year	HOURS WORKED PER WEEK: _____ TYPE OF EMPLOYMENT: ____ Full-time ____ Part-time		
TOTAL TIME WORKED (Yr./Mo.) _____			
B. NAME OF BUSINESS INSTITUTION: _____		JOB TITLE: _____	
ADDRESS: (Street, City, State, Zip Code) _____		DESCRIPTION OF DUTIES PERFORMED: _____	
SUPERVISOR NAME: _____			
DATE OF EMPLOYMENT/ ATTENDANCE: From: ____ / ____ / ____ Month Day Year To: ____ / ____ / ____ Month Day Year	HOURS WORKED PER WEEK: _____ TYPE OF EMPLOYMENT: ____ Full-time ____ Part-time		
TOTAL TIME WORKED (Yr./Mo.) _____			

Wisconsin Department of Regulation & Licensing

C. NAME OF BUSINESS INSTITUTION:		JOB TITLE:	
ADDRESS: (Street, City, State, Zip Code)		DESCRIPTION OF DUTIES PERFORMED:	
SUPERVISOR NAME: _____			
DATE OF EMPLOYMENT/ ATTENDANCE: From: ____ / ____ / ____ Month Day Year To: ____ / ____ / ____ Month Day Year	HOURS WORKED PER WEEK: _____ TYPE OF EMPLOYMENT: _____ Full-time _____ Part-time		
TOTAL TIME WORKED (Yr./Mo.)			
D. NAME OF BUSINESS INSTITUTION:			
ADDRESS: (Street, City, State, Zip Code)		DESCRIPTION OF DUTIES PERFORMED:	
SUPERVISOR NAME: _____			
DATE OF EMPLOYMENT/ ATTENDANCE: From: ____ / ____ / ____ Month Day Year To: ____ / ____ / ____ Month Day Year	HOURS WORKED PER WEEK: _____ TYPE OF EMPLOYMENT: _____ Full-time _____ Part-time		
TOTAL TIME WORKED (Yr./Mo.)			
E. NAME OF BUSINESS INSTITUTION:			
ADDRESS: (Street, City, State, Zip Code)		DESCRIPTION OF DUTIES PERFORMED:	
SUPERVISOR NAME: _____			
DATE OF EMPLOYMENT/ ATTENDANCE: From: ____ / ____ / ____ Month Day Year To: ____ / ____ / ____ Month Day Year	HOURS WORKED PER WEEK: _____ TYPE OF EMPLOYMENT: _____ Full-time _____ Part-time		
TOTAL TIME WORKED (Yr./Mo.)			

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MEDICAL EXAMINING BOARD

PERFUSIONIST EMPLOYMENT VERIFICATION FORM

Information requested is required for processing.

IMPORTANT: PLEASE FORWARD THIS FORM TO ALL EMPLOYERS DURING THE LAST 10 YEARS (This form may be photocopied).

The State of Wisconsin requests that you complete this form concerning the following individual:

PERFUSIONIST'S NAME: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S TELEPHONE: _____

1. What position did this perfusionist hold when employed by you? _____

2. What were this perfusionist's dates of employment? _____

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 3. Did this person perform perfusionist duties while employed by you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did this perfusionist leave your employ in good standing?
If no, please attach explanation on a separate sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Was the perfusionist on probation, suspended or in any way sanctioned/disciplined while employed by you?
If yes, please attach explanation on a separate sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Was this perfusionist granted a leave of absence while employed by you?
If yes, please attach explanation on a separate sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Were any restrictions or special requirements placed on this perfusionist's activities which were not placed on all other employees holding similar positions?
If yes, please attach explanation on a separate sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Was this perfusionist denied hospital privileges while employed by you?
If yes, please attach explanation on a separate sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Were any restrictions or special requirements placed on this perfusionist's hospital privileges?
If yes, please attach explanation on a separate sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Were any formal patient or staff complaints filed against this perfusionist?
If yes, please attach explanation on a separate sheet. | <input type="checkbox"/> | <input type="checkbox"/> |

Wisconsin Department of Regulation & Licensing

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 11. Were any incident reports filed involving the professional conduct or behavior of this perfusionist?
If yes, please attach explanation on a separate sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Was this perfusionist ever subject to a non-routine monitoring while in your employ?
If yes, please attach explanation on a separate sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Was this perfusionist removed from a call schedule for cause?
If yes, please attach explanation on a separate sheet. | <input type="checkbox"/> | <input type="checkbox"/> |

Print name of Employer Supplying Information _____

Signature of Employer Supplying Information _____

Date form was completed _____

PLEASE ATTACH LETTERHEAD FROM THE FACILITY WHERE THE APPLICANT WORKED OR SUPPLY SOME FORM OF IDENTIFICATION FOR INDIVIDUAL SUPPLYING INFORMATION.

Please return directly to:

Department of Regulation and Licensing
Medical Examining Board
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Department of Regulation & Licensing

State of Wisconsin
(608) 261-7931

TTY# (608) 267-2416] hearing or speech
TRS# 1-800-947-3529] impaired only

P.O. Box 8935, Madison, WI 53708-8935

E-Mail: web@mail.state.wi.us

FAX#: (608) 261-7083

MEDICAL EXAMINING BOARD

REQUEST FOR VERIFICATION OF CERTIFICATION

PERFUSIONIST

If required, send to:

*THE AMERICAN BOARD OF CARDIOVASCULAR PERFUSION
207 NORTH 25TH AVENUE
HATTIESBURG MS 39401
(601) 582-2227
FAX (601) 582-2271
<http://www.abcp.org/>*

The **State of Wisconsin** requests a verification of certification of examination concerning the following individual:

NAME

CERTIFICATION NUMBER

ADDRESS

DAYTIME PHONE NUMBER

CITY, STATE AND ZIP

DATE OF BIRTH

NAME ON CERTIFICATION EXAMINATION
RECORDS IF DIFFERENT FROM ABOVE

APPLICANTS SIGNATURE

(DATE)

ATTENTION: THE AMERICAN BOARD OF CARDIOVASCULAR PERFUSION

PLEASE MAIL VERIFICATION OF CERTIFICATION TO THE FOLLOWING ADDRESS:

Department of Regulation & Licensing
Medical Examining Board
P.O. Box 8935
Madison, WI 53708-8935

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: _____

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip) _____

Mail To Address (if different) _____

Date of Birth	Social Security Number
_____ month day year	_____ Information helps us identify your record, but is voluntary. It is not available to the public.

Ethnic/gender information is required to check criminal information records. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

- List all other names used: _____
- List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

OFFENSE

DATE

CITY/STATE

Attach additional sheet(s) if necessary.

State of Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED
☐ ☐ _____
Did you successfully complete the program? ☐ ☐ _____
Please attach the certificate of completion/discharge summary.

- (Check all that apply)
4. Have you ever been sentenced to: YES NO MO/YR COMPLETED
☐ Probation ☐ ☐ _____
☐ Parole ☐ ☐ _____
☐ Ordered to pay restitution ☐ ☐ _____
Did you successfully complete one of the above as ordered by the court? ☐ ☐ _____

If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are pending. Submit a copy of the police report/criminal complaint for each of the following pending charges.

<u>PENDING CHARGE</u>	<u>DATE OF ARREST</u>	<u>LOCATION OF ARREST (city/state)</u>
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Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

Signature

State of _____ County of _____

Signed and sworn before me this _____ day of _____, 20____ by _____
(applicant's name)

Signature of Notary Public

My commission (is permanent) _____ expires _____.

SEAL

Wisconsin Department of Regulation & Licensing

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NOTICES

TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.^a An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Communications and examinations: Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

2001 Assembly Bill 256

Date of enactment: April 18, 2002

Date of publication*: May 2, 2002

2001 WISCONSIN ACT 89

AN ACT *to amend* 15.08 (1m) (b), 146.81 (1) (d), 146.997 (1) (d) 4., 155.01 (7), 448.02 (1), 448.03 (2) (b), 448.03 (2) (c), 448.03 (2) (d), 448.03 (2) (k), 448.05 (1) (d), 448.05 (6) (a) and 448.07 (1) (d); and *to create* 15.407 (2m), 252.14 (1) (ar) 4c., 440.08 (2) (a) 54m., 448.015 (1e), 448.015 (1m), 448.015 (1s), 448.03 (1) (c), 448.03 (2) (L), 448.03 (2) (m), 448.03 (2) (n), 448.03 (3) (f), 448.04 (1) (d), 448.04 (1) (e), 448.05 (3), 448.05 (6) (am), 448.13 (2), 448.40 (2) (b) and 448.40 (2) (c) of the statutes; **relating to:** licensing perfusionists, creating a perfusionists examining council, and granting rule-making authority.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 15.08 (1m) (b) of the statutes is amended to read:

15.08 (1m) (b) The public members of the chiropractic examining board, the dentistry examining board, the hearing and speech examining board, the medical examining board, perfusionists examining council, respiratory care practitioners examining council and council on physician assistants, the board of nursing, the nursing home administrator examining board, the veterinary examining board, the optometry examining board, the pharmacy examining board, the examining board of social workers, marriage and family therapists and professional counselors, and the psychology examining board shall not be engaged in any profession or occupation concerned with the delivery of physical or mental health care.

SECTION 2. 15.407 (2m) of the statutes is created to read:

15.407 (2m) **PERFUSIONISTS EXAMINING COUNCIL.** There is created a perfusionists examining council in the department of regulation and licensing and serving the

medical examining board in an advisory capacity. The council shall consist of the following members appointed for 3-year terms:

(a) Three licensed perfusionists appointed by the medical examining board.

(b) One physician who is a cardiothoracic surgeon or a cardiovascular anesthesiologist and who is appointed by the medical examining board.

(c) One public member appointed by the governor.

SECTION 3. 146.81 (1) (d) of the statutes is amended to read:

146.81 (1) (d) A physician, physician assistant, perfusionist, or respiratory care practitioner licensed or certified under subch. II of ch. 448.

SECTION 4. 146.997 (1) (d) 4. of the statutes is amended to read:

146.997 (1) (d) 4. A physician, podiatrist, perfusionist, or physical therapist licensed under ch. 448.

SECTION 5. 155.01 (7) of the statutes is amended to read:

155.01 (7) "Health care provider" means a nurse licensed or permitted under ch. 441, a chiropractor licensed under ch. 446, a dentist licensed under ch. 447, a physician, physician assistant, perfusionist, podiatrist,

* Section 991.11, WISCONSIN STATUTES 1999-00 : Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication as designated" by the secretary of state [the date of publication may not be more than 10 working days after the date of enactment].

physical therapist, occupational therapist, or occupational therapy assistant licensed under ch. 448, a person practicing Christian Science treatment, an optometrist licensed under ch. 449, a psychologist licensed under ch. 455, a partnership thereof, a corporation or limited liability company thereof that provides health care services, an operational cooperative sickness care plan organized under ss. 185.981 to 185.985 that directly provides services through salaried employees in its own facility, or a home health agency, as defined in s. 50.49 (1) (a).

SECTION 6. 252.14 (1) (ar) 4c. of the statutes is created to read:

252.14 (1) (ar) 4c. A perfusionist licensed under subch. II of ch. 448.

SECTION 7. 440.08 (2) (a) 54m. of the statutes is created to read:

440.08 (2) (a) 54m. Perfusionist: November 1 of each odd-numbered year; \$56.

SECTION 8. 448.015 (1e) of the statutes is created to read:

448.015 (1e) "Extracorporeal circulation" means the diversion of a patient's blood through a heart-lung machine or a similar device that assumes the functions of the patient's heart or lungs or both.

SECTION 9. 448.015 (1m) of the statutes is created to read:

448.015 (1m) "Perfusion" means that branch or system of treating the sick which is limited to the operation and management of extracorporeal circulation to support, temporarily replace, measure, treat, or supplement the cardiopulmonary and circulatory system of a patient, including, when necessary to and part of the management and operation of extracorporeal circulation, the use of blood testing and advanced life support techniques and technologies, autotransfusion, and the administration of blood, blood products, and anesthetic and pharmacological agents.

SECTION 10. 448.015 (1s) of the statutes is created to read:

448.015 (1s) "Perfusionist" means an individual who practices perfusion.

SECTION 11. 448.02 (1) of the statutes is amended to read:

448.02 (1) LICENSE. The board may grant licenses, including various classes of temporary licenses, to practice medicine and surgery, to practice perfusion, and to practice as a physician assistant.

SECTION 12. 448.03 (1) (c) of the statutes is created to read:

448.03 (1) (c) No person may practice perfusion, attempt to do so, or make a representation as authorized to do so, without a license to practice perfusion granted by the board.

SECTION 13. 448.03 (2) (b) of the statutes is amended to read:

448.03 (2) (b) The performance of official duties by a physician or perfusionist of any of the armed services or federal health services of the United States.

SECTION 14. 448.03 (2) (c) of the statutes is amended to read:

448.03 (2) (c) The activities of a medical student, respiratory care student, perfusion student, or physician assistant student required for such student's education and training, or the activities of a medical school graduate required for training as required in s. 448.05 (2).

SECTION 15. 448.03 (2) (d) of the statutes is amended to read:

448.03 (2) (d) Actual consultation or demonstration by licensed physicians or perfusionists or certified respiratory care practitioners of other states or countries with licensed physicians or perfusionists or certified respiratory care practitioners of this state.

SECTION 16. 448.03 (2) (k) of the statutes is amended to read:

448.03 (2) (k) Any persons, other than physician assistants or perfusionists, who assist physicians.

SECTION 17. 448.03 (2) (L) of the statutes is created to read:

448.03 (2) (L) A person performing autotransfusion or blood conservation techniques under the direction and supervision of a licensed physician.

SECTION 18. 448.03 (2) (m) of the statutes is created to read:

448.03 (2) (m) A person practicing perfusion for not more than 30 days in a year, if the person is certified or eligible to be certified as a clinical perfusionist by the American Board of Cardiovascular Perfusion.

SECTION 19. 448.03 (2) (n) of the statutes is created to read:

448.03 (2) (n) A person employed as a perfusionist by a federal agency, as defined in s. 59.57 (2) (c) 1., if the person provides perfusion services solely under the direction or control of the federal agency by which he or she is employed.

SECTION 20. 448.03 (3) (f) of the statutes is created to read:

448.03 (3) (f) A person who is not licensed to practice perfusion by the board may not designate himself or herself as a perfusionist, use or assume the title "licensed perfusionist" or the abbreviation "L.P.," or use any other title, letters, or designation that represents or may tend to represent the person as a perfusionist. This paragraph does not apply to any of the following:

1. Any person employed as a perfusionist by a federal agency, as defined in s. 59.57 (2) (c) 1., if the person provides perfusion services solely under the direction or control of the federal agency by which he or she is employed.

2. Any person pursuing a supervised course of study leading to a degree or certificate in perfusion under an

accredited or approved educational program, if the person is designated by a title that clearly indicates his or her status as a student or trainee.

3. Any person practicing perfusion under a temporary license issued under s. 448.04 (1) (e), if the person is designated by a title that clearly indicates that he or she is practicing under a temporary license.

SECTION 21. 448.04 (1) (d) of the statutes is created to read:

448.04 (1) (d) *License to practice perfusion.* A person holding a license to practice perfusion may practice perfusion under the orders and supervision of a physician.

SECTION 22. 448.04 (1) (e) of the statutes is created to read:

448.04 (1) (e) *Temporary license to practice perfusion.* The board may, by rule, provide for a temporary license to practice perfusion for a person who satisfies the requirements of s. 448.05 (3) but who has not passed an examination under s. 448.05 (6). The board may issue a temporary license for a period not to exceed one year and may renew a temporary license annually for not more than 5 years. A person who holds a temporary license may not practice perfusion unless the person is under the supervision and direction of a licensed perfusionist at all times while the person is performing perfusion. The board may promulgate rules governing supervision by licensed perfusionists, except that those rules may not require the immediate physical presence of the supervising, licensed perfusionist.

SECTION 23. 448.05 (1) (d) of the statutes is amended to read:

448.05 (1) (d) Be found qualified by three-fourths of the members of the board, except that an applicant for a temporary license under s. 448.04 (1) (b) 1. and 3. and (e) must be found qualified by 2 members of the board.

SECTION 24. 448.05 (3) of the statutes is created to read:

448.05 (3) **LICENSE TO PRACTICE PERFUSION.** An applicant for a license to practice perfusion must supply evidence satisfactory to the board that he or she has successfully completed an educational program in perfusion recognized by the board and accredited by the Accreditation Committee for Perfusion Education of the Commission on Accreditation of Allied Health Education Programs or its successor.

SECTION 25. 448.05 (6) (a) of the statutes is amended to read:

448.05 (6) (a) The Except as provided in par. (am), the board shall examine each applicant it finds eligible under this section in such subject matters as the board deems applicable to the class of license or certificate which the applicant seeks to have granted. Examinations may be both written and oral. In lieu of its own examinations, in whole or in part, the board may make such use as it deems appropriate of examinations prepared,

administered, and scored by national examining agencies, or by other licensing jurisdictions of the United States or Canada. The board shall specify passing grades for any and all examinations required.

SECTION 26. 448.05 (6) (am) of the statutes is created to read:

448.05 (6) (am) When examining an applicant for a license to practice perfusion under par. (a), the board shall use an examination at least as stringent and comprehensive as the certification examination used by the American Board of Cardiovascular Perfusion or its successor.

SECTION 27. 448.07 (1) (d) of the statutes is amended to read:

448.07 (1) (d) No registration may be permitted by the secretary of the board in the case of any physician or perfusionist who has failed to meet the requirements of s. 448.13 or any person whose license, certificate, or limited permit has been suspended or revoked and the registration of any such person shall be deemed automatically annulled upon receipt by the secretary of the board of a verified report of such suspension or revocation, subject to the licensee's or permittee's right of appeal. A person whose license, certificate, or limited permit has been suspended or revoked and subsequently restored shall be registered by the board upon tendering a verified report of such restoration of the license, certificate, or limited permit, together with an application for registration and the registration fee.

SECTION 28. 448.13 (2) of the statutes is created to read:

448.13 (2) Each person licensed as a perfusionist shall, in each 2nd year at the time of application for a certificate of registration under s. 448.07, submit proof of completion of continuing education requirements promulgated by rule by the board.

SECTION 29. 448.40 (2) (b) of the statutes is created to read:

448.40 (2) (b) Establishing the scope of the practice of perfusion. In promulgating rules under this paragraph, the board shall consult with the perfusionists examining council.

SECTION 30. 448.40 (2) (c) of the statutes is created to read:

448.40 (2) (c) Establishing continuing education requirements for renewal of a license to practice perfusion under s. 448.13 (2). In promulgating rules under this paragraph, the board shall consult with the perfusionists examining council.

SECTION 31. Nonstatutory provisions.

(1) **PERFUSIONISTS EXAMINING COUNCIL; INITIAL APPOINTMENTS.** Notwithstanding section 15.407 (2m) of the statutes, as created by this act:

(a) The initial perfusionist members of the perfusionists examining council need not be licensed to practice perfusion by the medical examining board in order to be

appointed to and serve as members of the examining council.

(b) The initial members of the perfusionists examining council shall be appointed by the first day of the 4th month beginning after the effective date of this paragraph for the following terms:

1. One perfusionist, for a term expiring on July 1, 2004.

2. One perfusionist and the public member, for terms expiring on July 1, 2005.

3. One perfusionist and the physician, for terms expiring on July 1, 2006.

(2) WAIVER OF LICENSURE REQUIREMENTS.

(a) In this subsection, "perfusion" has the meaning given in section 448.015 (1m) of the statutes, as created by this act.

(b) Notwithstanding section 448.05 (1) (intro.), (a), (b), and (c) of the statutes, section 448.05 (1) (d) of the statutes, as affected by this act, section 448.05 (3) of the statutes, as created by this act, 448.05 (6) (a) of the statutes, as affected by this act, section 448.05 (6) (am) of the statutes, as created by this act, section 448.05 (7) of the

statutes, and section 448.06 (1) of the statutes, the medical examining board shall grant a license to practice perfusion to any individual who, before January 1, 2004, submits an application for licensure that includes evidence satisfactory to the board that the individual has, for all of the 10-year period before the effective date of this paragraph, been practicing perfusion.

(3) INITIAL LICENSE RENEWAL. Notwithstanding section 440.08 (2) (a) 54m. of the statutes, as created by this act, and section 448.07 (2) of the statutes, if the length of time between the effective date of this subsection and November 1, 2003, is less than 2 years, the department of regulation and licensing may reduce the renewal fee for licenses to practice perfusion that expire on November 1, 2003, by an amount that, as determined by the department, reflects such length of time.

SECTION 32. Effective dates. This act takes effect on the first day of the 8th month beginning after publication, except as follows:

(1) The treatment of section 15.407 (2m) of the statutes and SECTION 31 (1) and (2) of this act take effect on the day after publication.

Wisconsin Department of Regulation & Licensing

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APPLICATION PACKET ADDENDUM (INTERNET)

PERFUSIONIST

For the application packet that you have just downloaded, there are additional materials needed.

Please complete this form and fax it to the number listed above. Once the form is returned we will mail the additional items to the address you have provided. If you prefer, you can mail this form directly to the Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708.

Please indicate on this form if you have downloaded the Wisconsin Statutes and Code Book for this profession. ☐ Yes ☐ No

PLEASE PRINT OR TYPE

Full Name

Daytime Phone Number

Street Address

PO Box

City, State, Zip

Thank you.

#2612 (4/03)